Community Behavioral Health Integration Initiative Program Plan

By

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Abstract

Behavioral health is a term commonly used to refer to mental health and substance use and is integral to one's overall health and well-being. Mental health and substance use are often co-occurring and are affected by one's social, economic, and physical environment; behavioral health can have a broad impact on one's overall health across the lifespan. The independent and collective influence of these factors have distinct implications on individual behavior. However, strategies that solely address individual behaviors do not effectively consider the community environments that perpetuate poor behavioral health outcomes. With an understanding that behavioral health conditions are linked to overall health, communities can work to improve overall population health by addressing the unique social and environmental conditions that contribute to poor behavioral health. At the community level, the social determinants exert their effects on health more widely and can, therefore, be more efficiently addressed through changes to the physical and built environment, social norms, and public policies.

In order to address these factors and their influence on behavioral health in Watauga County, North Carolina, a pilot program plan is being established. The foundational principles of the program are built on an understanding of core functions in community health programs and prevention science. This program plan will apply existing data and frameworks to build strategies that address the community context across societal constructs with the support of cross-sector collaboration. In an effort to change the social conditions and the physical and built environment that contribute to behavioral health, approaches will focus on previously identified community health priorities and enhancing existing strategies designed to improve community conditions. Long-term, these efforts will work to maximize community collaboration, sustain health promoting behaviors, and lessen the impact of behavioral health outcomes, both on the individual and the community.

KEYWORDS: Behavioral health; Community; Program plan; Social determinants of health; Wellness

TABLE OF CONTENTS

Abstract ii

Abbreviations v

Concepts and Definitions vi

Introduction 2

Program Context and Background 2

Program Rationale 5

Theory of Change 11

- Overarching competencies 12
- Program Goals 12
- Framework for Implementation 12

Logic Model 14

Strategic Prevention Framework 15

- Assessment 16
- Capacity Building 17
- Planning 18
- Implementation 24
  - Action Plan 24
- Evaluation 28
- Cultural Competency 29
- Sustainability 30

Conclusion 30

Appendix A - Priority Area Justification 32

Appendix B - Feasibility Matrix 38

Appendix C - Evaluation plan 39

References 40

Abbreviations

ACES	Adverse Childhood Experiences
APHA	American Public Health Association
CDC	Center for Disease Control and Prevention
CHA	Community Health Assessment
NCCI	North Carolina Coalition Initiative
NCCBHII	North Carolina Community Behavioral Health “Integration” Initiative
NCIPH	North Carolina Institute of Public Health
DMH/DD/SAS	Department of Mental Health/Developmental Disabilities/Substance Abuse Services
SAMHSA	Substance Abuse Mental Health Services Administration
SDOH	Social Determinants of Health
WHO	World Health Organization

Concepts and Definitions

Adverse Childhood Experiences (ACEs) – "…stressful or traumatic events occurring connected to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with behavioral health (SAMHSA, 2017, par. 1).

Behavioral Health – Behavioral health is an essential component to overall health and well being. The term expands the commonly referred to definition of mental health to include other behaviors, such as substance use, that have an observable effect on mental and emotional health (SAMHSA, 2017b).

Community Health – "…a multi-sector and multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health and quality of life of all persons who live, work, or are otherwise active in a defined community or communities" (Goodman, Bunnell & Posner, 2014).

Integrated Care – "…the systematic coordination of integrating mental health, substance abuse, and primary care services in order to achieve the best outcomes, particularly when caring for people with multiple healthcare needs" (SAMHSA, 2017d, par. 3).

Individual-level Strategies – Approaches that focus on the knowledge, attitudes, and skills needed to elicit behavior change of oneself (SAMHSA, 2017e)

Environmental Strategies – Strategies that strive to change the conditions within a community, including physical, social, or cultural factors that may lead to poor behavioral health and include education and communication, enforcement and collaboration (SAMHSA, 2017e)

Mental Health – "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014, par. 1).

Prevention – **"**Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem..." (SAMHSA, 2016b, par. 10)

Protective Factors – "…characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events" (SAMHSA, 2017f, par 5).

Risk Factors –"…the biological, psychological, family, community or cultural levels that precede and are associated with a higher likelihood of negative outcomes" (SAMHSA, 2017f, par. 4).

Social Determinants of Health (SDOH) – "…the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels" (WHO, 2012, par. 1).

Substance Abuse – "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state" (WHO, 2017, par 1).

Introduction

The North Carolina Community Behavioral Health "Integration" Initiative (NCCBHII) is a pilot project designed for implementation in Watauga County, North Carolina. Programmatic and financial oversight and technical assistance are provided by the NC Community Initiatives (NCCI) Coordinating Center at Wake Forest School of Medicine. Western Youth Network, Inc. was selected by the North Carolina Department of Health and Human Services /Division of Mental Health, Development Disabilities and Substance Abuse Services (DMH/DD/SAS), Community Wellness, Prevention and Health Integration Team (CWPHI) for this initiative based on the following: (1) capacity and experience in community organizing and mobilization, and (2) capacity and experience in implementing environmental strategies related to behavioral health and prevention.

The focus of this community-based behavioral health "integration" initiative is to identify innovative strategies to address behavioral health outcomes by establishing an advanced framework for implementation by utilizing public health and prevention constructs. The project is designed to focus on the following: (1) the health of the population, rather than that of individuals; (2) preventive, "upstream" approaches to health; (3) data-driven strategy development based on previously identified health priorities; (4) cross-cutting approaches to attain population health outcomes; and (5) enhancing community partnerships that support health.

Program Context and Background

The prevalence of behavioral health conditions in the US exceeds that of other developed nations. As an integral part of overall health and well-being, there is a need for an advanced public health response to behavioral health (APHA, 2014). According to the Substance Abuse

Mental Health Services Administration (SAMHSA), health outcomes of Americans are significantly impacted by behavioral health conditions, which include mental health conditions and substance use disorders. These behavioral health conditions affect entire communities. SAMHSA estimates that in the United States in 2014, of adults aged 18 and older, 9.8 million had a serious mental illness; during the past year, 15.7 million adults and 2.8 million youth (aged 12 to 17) had a major depressive episode. Additionally, in 2014 self-report data among Americans aged 12 and older, 22.5 million required treatment for alcohol or illicit drug use; and 11.8 million adults self-reported needing mental health treatment or counseling (SAMHSA, 2017c).

Mental health and substance use disorders are often co-occurring. A 2014 National Survey on Drug Use and Health (NSDUH) reported that of those reporting a mental illness, 18.2% had a substance use disorder. In the past year (2014), of adults reporting no mental illness, 6.3% had a substance use disorder. Moreover, research shows that behavioral health conditions are predictive factors for disability and disease, and produce notable economic burdens at various levels, including those of individuals, families, employers, and health systems. SAMHSA estimates that by 2020, mental and substance use disorders will become the fastest growing indicator of disability. Preventing behavioral health conditions is intricate and nuanced; however, implementation of prevention and intervention strategies can have substantial results in dismantling rates of disease across the lifespan (SAMHSA, 2017c).

Classic modalities for intervening in mental health and substance use disorder episodes require demonstrated treatment services, which often include a combination of counseling and medication. In addition, individuals with diagnosed mental health or substance use disorder may require long-term case management. While these services may be offered in a range of

community settings, including community behavioral health centers, hospitals, in-patient services and through independent providers, a lack of access to comprehensive care, community biases and stigma, as well as underfunded mental health and substance use treatment programs, often prevent communities from aggressively achieving positive outcomes in relationship to behavioral health conditions (SAMHSA, 2017c; APHA, 2014). In order to more successfully address the growing need for treatment services, models have evolved to integrate behavioral health and primary care by coordinating and co-locating services. These models are often referred to as "behavioral healthcare integration" and is referenced as an innovative solution to systematically reshape whole-person health; however, these frameworks are designed to influence a person's behavior and do not account for other social and environmental influences that contribute to behavioral health outcomes. While many people can improve their health by engaging in health promoting behaviors, these opportunities need to be supported by the context in which a person lives, works, and plays (APHA, 2014; SAMHSA 2017d; The Prevention Institute, 2017b).

Research shows that outcomes related to education, social support, and poverty have known associations to health; the correlation of these social factors contributes to shorter life expectancy and premature death. These "social determinants of health" are integral to achieving overall wellness and realizing long-term population health outcomes. Evidence-based strategies to address determinants of behavioral health require attention to resilience building and reducing environmental trauma; identifying opportunities to systematically align health promotion, prevention, and treatment, and to develop strategic policy approaches is essential (Allen, Balfour & Marmot, 2014; APHA, 2014; The Prevention Institute, 2017b). Bridging traditional behavioral health integration models with more complex strategies to address community

systems and environments provides additional opportunities for communities to mitigate behavioral health challenges that arise as a result of risk and protective factors (APHA, 2014).

Risk and protective factors have a tangible influence on health and present a duplicative correlation with a notable cumulative effect over time. For example, one or more risk or protective factors showcase a positive correlation; however, one risk factor is negatively correlated to protective factors. Markedly, risk and protective factors also tend to have a growing effect on the likelihood of developing behavioral health issues (SAMHSA, 2017f). In other words, a person with multiple risk factors has an increased likelihood of developing a condition that impacts their physical or mental health; a person with multiple protective factors is likely to experience less risk. These correlations highlight the need to expand approaches that promote and enhance community protective factors, while also reducing risk factors in social and physical environments (APHA, 2014; SAMHSA, 2017f).

When considering upstream approaches for addressing community and behavioral health integration, understanding trauma and Adverse Childhood Experiences (ACEs) is also of chief importance. According to the landmark CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study, conducted from 1995-1997, ACEs affect a significant number of people and can include common occurrences such as experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder, as well as traumatic experiences such as physical or sexual abuse (The Prevention Institute, 2017a). Like risk and protective factors, studies show ACEs tend to cluster –almost 40% of the original study sample reported two or more ACEs; 12.5% experienced four or more. Importantly, research demonstrated a strong connection between ACEs and known risk factors for health, social, and behavioral problems throughout the lifespan (SAMHSA, 2017b). Integrating these schools of

thought into the traditional community health framework can allow for the adoption of tools to combat poor behavioral health and provide opportunities for supporting resiliency, enhancing community protective factors and reducing risk factors (The Prevention Institute, 2017a; SAMHSA, 2017b).

Program Rationale

Watauga County is the most populated county in the Blue Ridge Mountains of northwestern North Carolina and the heart of the "High Country." The Town of Boone serves as the largest and most central municipality in the county and is recognized by travel journalists as the "ultimate outdoor adventure destination" in the Southeast. A 2014 community demographics survey reported that Watauga County is home to 52,560 residents, with approximately 13% of the population who is under the age of 18. Over 95% of residents are White, nearly 2% African-American, and 3.5% Hispanic or Latino. Appalachian State University (ASU), the Appalachian Regional Medical Center, scores of businesses, large and small, as well as tourist attractions and a progressive school system coalesce to create a dynamic mountain culture. The Town of Boone, named one of Forbes "fastest growing small towns" in 2012, has approximately 18,122 residents, touting a median resident age of 21.7 years; a statistic predicated on Appalachian State University's enrollment of over 18,000 students. University enrollment comprises nearly one-third of the county population, transforming the small rural community into a quintessential "college town."

Watauga County experiences unique and disparate economic conditions with 38% of adults holding a Bachelor's degree or higher. The median household income is estimated to be $33,391, 31% lower than the state average, according to 2014 US Census data. Although jobs are available throughout the community, many are in the tourist and service industries,

advertising low wages and inadequate benefits. Watauga County was ranked as number three in the state with the highest poverty in the years 2009-2013. US Census data indicates that 31.3% of county residents are below poverty level, compared to the state average of 17.5% and double the national average of 16.4%. Of Watauga County's population living in poverty, 25.4% are youth. The median value of owner-occupied housing units is $225,600, 38% greater than the state average of $153,600. Even with these conditions, the Watauga County unemployment rate has shown a decreasing trend down to 5.8%, below the state average (6.3%) (US Census, 2014).

Watauga County School District serves approximately 4,400 students enrolled in eight elementary schools that house K-8th grades and one high school serving 9-12th grades. The lone high school in the county, Watauga High School (WHS), has more than 1,350 students and is ranked 2nd in North Carolina for SAT scores and 4th for ACT scores out of 115 school districts. Watauga County Schools report student demographics to be approximately 86% White, 1% African American, 8% Hispanic, 1% Asian, 3% Multi-racial.

Uniquely, outside of the Town of Boone, rural Watauga County is sparsely inhabited; roadways are limited and these households experience some of the most extreme poverty and lack of resources in the community. An identifiable barrier is the lack of public transportation. Research conducted by Watauga County's public transportation system, Appalcart, provides extensive data on the breakdown of vehicles owned by individual households. Many economically disadvantaged families located in these areas do not have transportation and often have to wait weeks and/or months for rides to the grocery store or doctor. Families are frequently unable to provide transportation for their children to be involved in extracurricular activities, such as tutoring or athletics. Since Appalcart is the only public

transportation system in the area, and its service area only encompasses the Boone town limits, these residents do not have ready access to resources available within the town limits.

According to the 2014-15 CHA, Watauga County's top community health priorities are:

- Reduce Substance Use and Abuse - Drugs, alcohol, and tobacco; including misuse or abuse of prescription drugs and use of e-cigarettes or other devices for nicotine delivery
- Increase Physical activity and nutrition - Access to physical activity or recreation, accessing healthy foods, and making healthy choices for eating healthy and making physical activity easier for all
- Improve Chronic Disease Management and Awareness – Obesity, heart disease, chronic lower respiratory disease/COPD, stroke, cancer, diabetes, and hypertension

(AppHealthCare, 2015)

As a part of a 2014-15 CNA community opinion survey, respondents noted the top substance abuse concerns were recorded as methamphetamine use (60%), prescription drug misuse or abuse (60%), alcohol use (56%), marijuana use (27%), and driving after using drugs or alcohol (26%). Community members recognize alcohol and other drug use as one of the major health problems and one of the major risky behaviors that impact health in the county (AppHealthCare, 2015). The CHA details the community's substance use data and connects the use of alcohol and other drugs to other health problems that are among the leading causes of death: all other unintentional injuries, suicide, and unintentional motor-vehicle injury deaths. The CHA noted that alcohol and prescription drugs were important considerations since each is linked to injury-related or chronic disease-related deaths that are among the leading causes of mortality for the county. Further, for 0-19 year-olds, suicide was the leading cause of death from 2009-2013. Notably, among suicide deaths by county, 21% had alcohol present at the time of death, and 14% had a BAC (Blood Alcohol Content) of 0.08 or above. As such, substance use is being considered an integral part of community behavioral health needs and gaps as well as unintentional injury deaths (AppHealthCare, 2015). Furthermore, a 2016 Youth Risk Behavior

Survey shows staggering statistics regarding rates of behavioral health indicators among youth. During 2016, the prevalence of suicidality and self-harm among Watauga youth were well over 10%. In addition, the number of youth who reported feelings of sadness or hopelessness every day for a two week period was at 26.3% (Belhumeur, Jameson, & Michael, 2016).

Twenty-six percent of respondents in the CNA community opinion survey highlighted improvements to physical activity options, including indoor and outdoor recreation opportunities, as a priority in navigating challenges related to physical activity and nutrition. The need for an indoor recreation facility in Watauga County was cited as the number one response in promoting physical activity (AppHealthCare, 2015). In 2011, a plan to increase and enhance the outdoor recreation experience outlined significant improvements to publically available recreation including mountain biking trails, paddle trails, greenways, and other outdoor parks. According to Community Commons (2015), Watauga County's available recreation facilities are higher than that of state national averages (AppHealthCare, 2015). Increased access to safe places for physical activity, such as school walking tracks, also provide places for many community members to utilize shared resources. More recently, movements to initiate an indoor community recreation center have been at the forefront of community decision-making. While there have been distinguishable additions to the county's available recreation opportunities, community members maintain a concern that those most in need are either not aware or not readily accessing the county's available resources. Understanding the unique barriers that prevent the general use of these spaces will prove essential to future community planning.

In Watauga County there are an estimated 9,320 food insecure individuals which equates to 18.1% of the entire population who are unsure of where or when they will get their next meal. According to Feeding America's Hunger in America report (2014), 72% of people

surveyed reported that they had to choose between food or housing--17% said they had to make that choice every month; 78% reported that they had to choose between medical care or food; 67% had to choose between transportation or food. These details are worth noting not simply because of hunger, but also due to the nutritional quality of available foods, and its connection to an increased risk of obesity. Of those benefiting from food assistance program, 59% selected fresh fruits and vegetables and 55% selected dairy products like milk, yogurt, and cheese, as the most desired products. While programs to address food insecurity exist, more than 90% of local nonprofits and faith-based food assistance programs report providing inexpensive and unhealthy foods to families, exacerbating obesity and other preventable diseases. (AppHealthCare, 2015).

Attention to the county's health status and contributors to this status are of importance since the individual and community health affect the community in many ways. According to the CHA, being overweight, poor eating, tobacco use, and lack of exercise are Watauga County's most risky behaviors; these data have a clear connection to substance abuse and lack of chronic disease prevention. Fortunately, Watauga County has many strengths and assets, including natural resources and a variety of outdoor recreation opportunities, a strong healthcare system, and a network of community agencies and organizations with missions dedicated to serving the community. Human and social capital in the form of active human and social service agencies as well as a plethora of engaged young professionals, college students, and faith leaders with a desire to give back. For example, with a thriving university community, there are rich resources available including volunteers, community services, and programming. There are also a number of civic and fraternal organizations that are significant to the philanthropic endeavors that weave the community together. Overall, the fabric of Watauga County is one that is rooted in culture

and history, with vibrant small-town feel. Additional protective factors include low crime rates, strong public schools, and available free public transportation (AppHealthCare, 2015).

While individual-level services and programs exist to address the county's health priorities, no comprehensive preventative approach to circumvent their perpetuation has been established. The implementation of the CBHII pilot will seek to identify upstream contributors to these health needs while further demonstrating the connection between behavioral health, chronic disease, and the community conditions that contribute to poor health outcomes. This framework will be underpinned by foundational theories in social determinants and work to leverage existing collaborative approaches to address health (The Prevention Institute, 2017b; Shim et al., 2017).

Watauga County has numerous strengths that will contribute to the success of the CBHII. Watauga County is a small, close-knit community with history of effective partnerships among community agencies and organizations. A history of community-based and health-related efforts has enabled the community to deliver programs and services and adopt policies and practices in a forward-thinking manner. Additionally, many community initiatives have been underpinned by the use of the Strategic Prevention Framework, or similar public health models, to implement comprehensive, environmental strategies for more than a decade.

Theory of Change

The CBHII will take the commonly utilized approach to address behavioral health integration and complement it with population-level strategies designed to minimize risk factors and support increased protective factors. By leveraging traditional prevention strategies and by utilizing frameworks structured to address the community conditions that contribute to illness

and disease, CBHII will strive to change the community context that contributes to long-term behavioral health outcomes.

Overarching competencies of the CBHII:

- Focus on population health (rather than that of individuals)
- Utilization of a preventative, upstream approach to health (rather than treatment)
- Application of data-driven strategy development based on previously identified health priorities
- Reinforced by a cross-cutting, innovative approach to attaining outcomes
- Supported by enhanced community partnerships that support health

Program Goals:

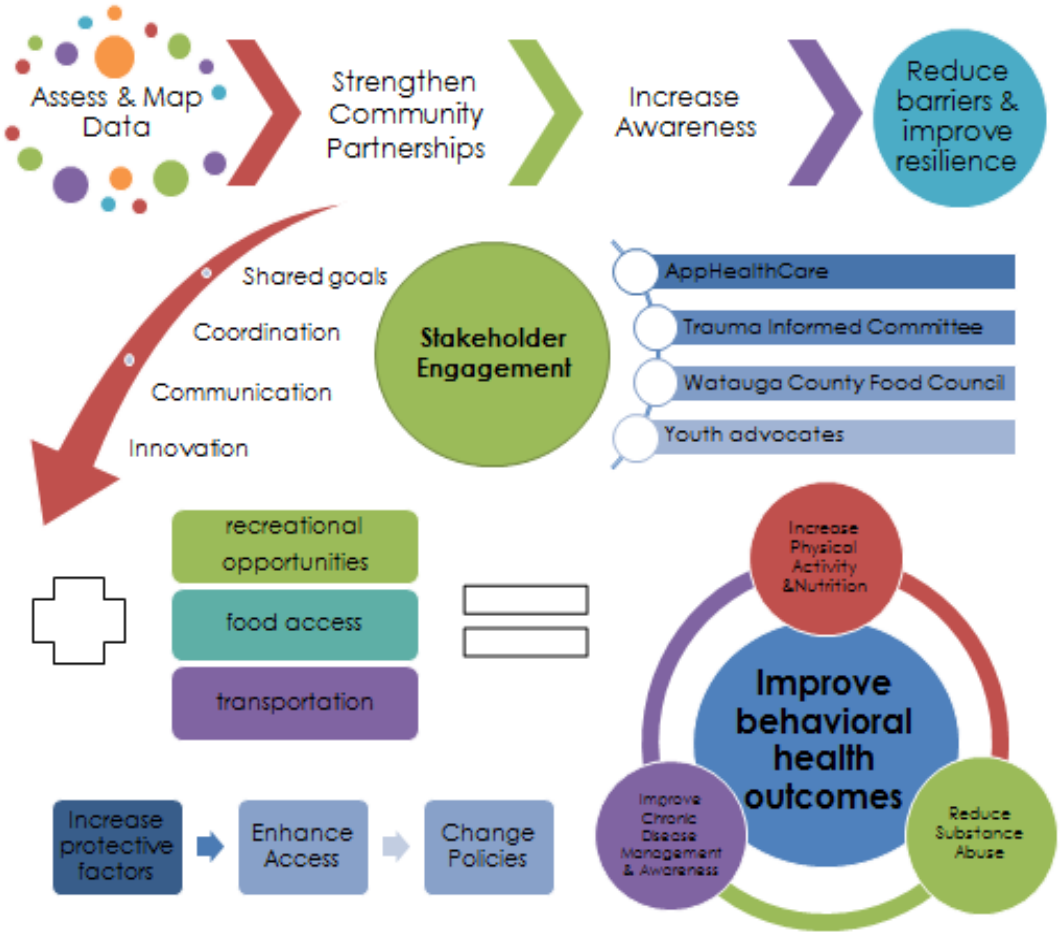
- Goal 1: Assess community gaps and assets in relationship to risk and protective factors
- Goal 2: Strengthen interdisciplinary partnerships that build shared solutions to identified community health needs.
- Goal 3: Utilize existing evidence-based, cross-cutting strategies to address identified community health needs.
- Goal 4: Implement targeted outreach to improve conditions related to population behavioral health outcomes.

Framework for Implementation:

Implementation will build upon existing community health data, partnerships, practices, programs, and policies with consideration for:

- Community context and planning
- Community action and intervention
- Community and systems-level change
- Risk and protective factors
- Improving long-term health outcomes

See the following diagram for clarification.

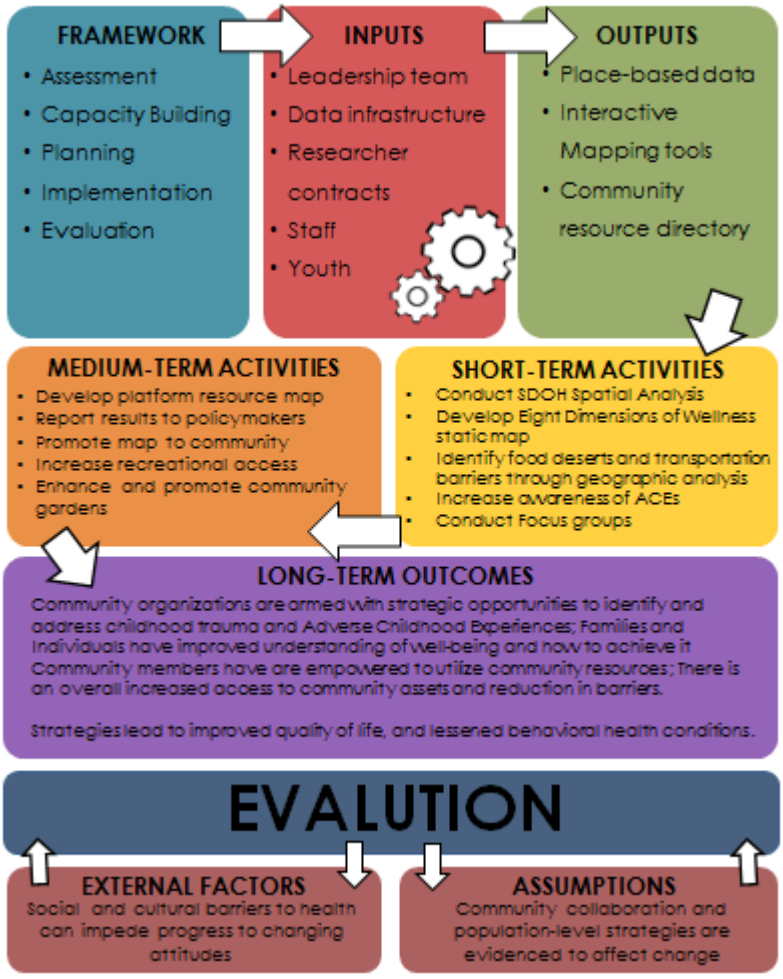


The Community Behavioral Health "Integration" Initiative (CBHII) will focus on understanding and designing strategies that are feasible within the local context. The work will primarily focus on assessing the availability of community health data, measuring feasibility standards, and collaborating with community partners; an emphasis will be placed on bridging traditional strategies to improve community health with social and environmental factors that contribute to behavioral health outcomes. Overall, the basis for action has been underpinned by the notion that long-term solutions require upstream strategies that focus on prevention. An outline of these processes, specific to Watauga County, has been developed by working closely with partners in public health, by gathering secondary data, and by underscoring current

community readiness. A composite of factors contributing to overall community behavioral health determinants will provide further context to the broad CBHII framework. Initial phases of the project will include comprehensive data collection, analysis, assessing community readiness, and engaging community partners. Over time the CBHII will seek to build on strategies by aligning with best-practice and policy change. Consequently, the project will maintain a focus on community, business, and government in order to change social and environmental conditions to improve behavioral health outcomes.

The well-being of the community is influenced by organizational policies and practices that promote social norms, affect access to services, and influence behavior. With this in mind, opportunities to collaborate with existing community efforts to shift conditions that are integral to behavioral health remains a key component of the proposed work plan. The CBHII will operate with the understanding that health is subject to various conditions and these themes manifest in a range of settings across the lifespan. Opportunities to integrate strategies within the community context will continue to evolve consistently framed by broad themes supported by concepts in community and systems-level change.

Logic Model



Strategic Prevention Framework

While a host of nationally recommend strategies exist that seek to improve community resilience and promote positive behaviors, it is essential that the CBHII program plan is distinct to Watauga County and its unique qualities. The CBHII will utilize the Strategic Prevention Framework (SPF) as a mechanism to effectively plan, execute, and evaluate strategies to address behavioral health. The SPF includes a cyclical five-step process and two guiding principles (Figure 2). The five steps are Assessment, Capacity, Planning, Implementation, and Evaluations. The two guiding principles are Sustainability and Cultural Competence. These phases work to

frame community needs and involve community members throughout the planning process (SAMHSA, 2017a).

Figure 2 (Source: SAMHSA, https://www.samhsa.gov/capt/applying-strategic-prevention-framework)

Phase 1 - Assessment

By assessing existing community health data, the CBHII can take stock of those health concerns that are directly or indirectly related to behavioral health outcomes. Contributing factors to health can further underscore opportunities for additional data collection. Data from a variety of sources will be used to ensure that strategies are both targeted and applicable to Watauga County. The CBHII will assess community health data related to health behaviors, social and economic factors, and the physical environment, establishing community health priorities and elucidating the potential impact of these problems on the community. Some data may demonstrate a specific relationship to behavioral health while other factors are identified as contributing to these problems. The initial project plan will be aligned with existing community health data and organized in the priority area summary worksheets (Appendix A).

In order to better understand the community's unique social determinants of health, a partnership to conduct a spatial analysis and exploratory resource mapping has been established.

CBHII will contract with the North Carolina Institute for Public Health (NCIPH) to develop initial static maps to showcase information related to geographic health outcomes. As a part of UNC Gillings School of Global Public Health, NCIPH is responsible for providing training and technical assistance, as well as research, in order to help stimulate innovation in public health practice. (NCIPH, 2017). By partnering with community organizations, and connecting the components of academia and public health, the NCIPH develops innovative strategies, including those related to health, the social determinants of health, and contributors to health-related risk and protective factors. Recently, the NCIPH employed an SDOH indicator map with a goal to showcase how these correlative factors translate into community gaps and assets, thereby influencing quality of life and population health outcomes (NCIPH, 2017). The NCIPH will be working with CBHII to adopt this mapping concept for Watauga County.

For this project, the NCIPH technical assistance staff will develop a map of social determinants of health at the neighborhood level. The NCIPH team will measure the social determinants of health indicators within three domains: social & neighborhood (with proximity to recreation and food access), economic, and housing & transportation. To display neighborhoods in the service area with the highest disparities among the social determinants of health, the NCIPH team will develop an index by standardizing and averaging all of the indicators within each of the three domains to create an overall z-score. The result will be a static map for use in informing program planning.

Phase 2 - Capacity Building

The next phase in developing the CBHII program plan is identifying the necessary human and structural resources required to effectively address the identified community health priorities (Community Tool Box, 2017a; SAMHSA, 2017b). Western Youth Network (WYN) will serve

as the fiduciary for the CBHII. WYN has a proven history in effectively organizing community stakeholders in evidence-based models to affect public health outcomes. Multi-sectored collaboration is integral to the infrastructure of many community agencies, and a pillar to the community's hometown feel. The implementation or success of any community initiative is predicated on these relationships. A key consideration for sustainably addressing identifiable community health concerns and intervening along the domains measured in the SDOH map measures community readiness. Sustainability of the effort will require the initial engagement of stakeholder organizations including AppHealthCare, the community's public health department, High Country Community Health, Watauga County Food Council, and the Trauma-Informed Community Steering Committee.

An important strategy in the capacity building phase is raising stakeholder awareness. While partnering organizations have an existing understanding of the CBHII and its goals, other organizations and partners will require additional personal interaction and information in order to elicit buy-in. As the CBHII evolves, various strategies to engage community partners will be employed. For example, the CBHII will convene focus groups to allow for a feedback loop among community partners, and conduct one- on- one interviews with community leaders at key organizations and in local government. Overtime, these stakeholders may be asked to share relevant information on websites and social media outlets, host community events, and make strategic investments in the project work plan (Community Tool Box, 2017b; SAMHSA, 2017b).

Phase 3 - Planning

Phase 3 supports the creation of the program action plan with measurable goals for addressing the priority problems. The action plan will include appropriate strategies that prioritize risk and protective factors associated with the identified community health priorities.

Community–based interventions strive to connect identified factors, interventions, and outcomes across domains. In support of this concept, the CBHII will include traditional population-level approaches to address social determinants of health (SDOH), Adverse Childhood Experiences (ACEs), and by utilizing SAMHSA's Eight Dimensions of Wellness. Additions to the action plan will be developed as data are gathered and considered in the context of the program.

One primary partnership established for initial strategy implementation is with MAPSCorps, a non-profit dedicated to improving human conditions by engaging youth as data scientists. MAPSCorps purports the concept that supporting healthy communities requires the use of high-quality data about access to resources. In order to generate this information, MAPSCorps engages and trains local youth in data collection modalities and teaches youth to utilize these data to close the information gap. These data may also highlight community resource gaps and identify strategies that can empower communities to achieve better health, well-being and economic vitality. These data can also be used by stakeholders to elicit change across sectors and educate policymakers, leaders, community members and decision-makers (MAPSCorps, 2017).

Youth prevention advocates who are current employees of Western Youth Network will be trained to collect high-quality data highlighting available community resources and further identifying community resource gaps. Utilizing a youth empowerment model, high school students will be trained to become confident and capable communicators, apply critical thinking skills, and use data to define scientific, health, and civic engagement. This information will be central to momentum in realizing opportunities to address health comprehensively (MAPSCorps, 2017). To that end, CBHII will unify these mapping strategies with theories in Adverse Childhood Experiences (ACEs) and SAMHSA's Eight Dimensions of Wellness**.**

In 2016, Watauga County ‘s State of the Child forum drew more than 350 community providers and focused on building support for becoming a trauma-informed community and identifying and preventing ACEs. This effort was the first of many to begin raising awareness of ACEs in a variety of social and community settings. As a follow-up to the event, a Trauma-Informed Community Steering Committee was formed. This committee exists to maintain the conversation about ACEs and develop strategic opportunities for Watauga County to leverage momentum in support of this concept. The CBHII will work with the committee and other vested partners to identify opportunities to continue informing community members and local decision-making on the impact of ACEs, encourage the adoption of programs, policies, and strategies designed to address ACEs, and use local ACEs data to identify correlative risk for substance use and mental health disorders. Notably, the CBHII will not be utilized to support programs or services that specifically address ACEs among individuals; rather, the CBHII will engage in the community-based process that strives to gather data to support scientific gaps (Figure 3). Further, it will provide information that will empower stakeholder groups to include ACEs among the primary risk and protective factors when engaging in prevention planning efforts.

Figure 3 (Source: SAMHSA https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences#ace)

The inclusion of and attention to the Eight Dimensions of Wellness in comprehensive "integrated" care can improve mental and physical health for people with existing mental and/or substance use disorders, and help prevent incidences of behavioral health outcomes over the life course. As defined by SAMHSA, overall wellness is being in good physical and mental health. Since mental and physical health are distinctly related, it is essential to consider them interchangeably. Importantly, this theory support wellness not solely as a mechanism to rid oneself of illness or stress; rather, the adoption of healthy choices along the many life dimensions are intrinsic to attaining optimal physical and mental well-being (SAMHSA, 2016a).

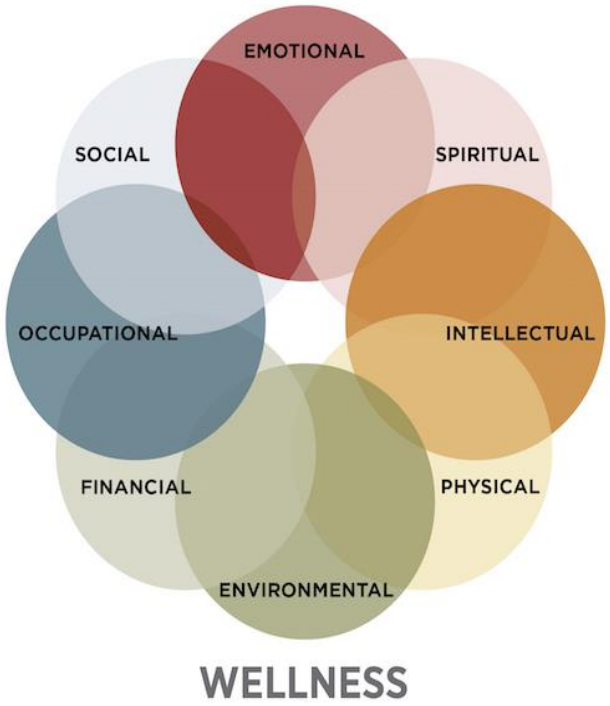


Figure 4 (Source: SAMHSA, https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness)

The Eight Dimensions of Wellness are:

1. **Emotional**—Coping effectively with life and creating satisfying relationships
2. **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
3. **Financial**—Satisfaction with current and future financial situations

4. **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
5. **Occupational**—Personal satisfaction and enrichment from one's work
6. **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
7. **Social**—Developing a sense of connection, belonging, and a well-developed support system
8. **Spiritual**—Expanding a sense of purpose and meaning in life

(SAMHSA, 2016a)

The Eight Dimensions of Wellness initiative works to inspire communities to collectively achieve better health by promoting wellness across the many domains that affect individual and community health. Individuals can explore the eight dimensions of wellness and how they uniquely fit into their lives, while the broader community can use this information to begin raising community awareness and defining opportunities for addressing related community conditions and environments (SAMHSA, 2016a). For the CBHII, this concept will be used to frame strategies that impact the individual while not undermining the importance of population-level influence. The developed mapping strategies will work in tandem with the Eight Dimensions of Wellness to define opportunities for community members to access resources and services within the domains.

Nationally, the use of nature and outdoor recreation has been used as an innovative approach to improve physical and mental well-being. With Watauga County's plethora of natural outdoor recreation opportunities, it is instinctive to incorporate nature into the CBHII. With an overall goal to help improve upon available information regarding access to physical activity, as well as increased access to healthy food, the CBHII will use concepts outlined by CDC's Health and Healthy Places framework, linking existing community planning structures with community asset mapping data. These data will guide interim strategy development and aid in the

identification of effective means to inform community members of available recreational opportunities. Long-term, strategies to utilize mapping data to encourage local medical providers to prescribe park access as a mechanism to promote physical activity, reduce mental health stressors and strengthen social connectedness will be recommended (CDC, 2017). CBHII will mirror park prescription program examples from across the country with a goal to improve the physical and mental health of individuals and communities. The park prescription program will aim to bridge the information gap between existing outdoor recreation opportunities and work collaboratively among health care providers and community partners to encourage the use of Watauga County's vast resources as an impetus for achieving wellness. This tool can then be made available in a variety of community-based settings (Healthy Parks, 2017).

In partnership with AppHealthCare, the CBHII will develop strategies to complement an existing focus on food access and security through the leadership of the Watauga County Food Council. With a vision that all individuals of the community have access to fresh, healthy, affordable and diverse local food, and as a part of a results-based accountability action planning process, the Watauga County Food Council ranked the top strategies for addressing food security and access as: policy change; increased understanding of the challenges that low-income community members face; recruit new members to the council, including those affected by those issues we are concerned about; aggregate existing data on these indicators in order to track change, and collecting primary data; and increase communication between existing organizations (Watauga County Food Council, 2017). The CBHII will work with these partners to help frame gaps and assets through mapping strategies and in an effort to attain broader support for enhancing access to healthy foods through existing strategies. One such strategy includes the support of increased community gardens and reducing social and environmental barriers to their

usage, specifically as it related to other co-occurring risk and protective factors, as measured by the NCIPH SDOH mapping project. Importantly, attention to physical activity and nutrition as a priority for the CBHII is not designed to replace existing community-based efforts, or to provide individual services, but will serve to further identify the links between health and community design and provide opportunities to educate decision makers and build partnerships for innovative solutions for addressing these health priorities.

Phase 4 - Implementation

The fourth phase in the SPF will allow for the delivery of evidence-based strategies. Integral to this phase is working with identified partners in the effort— individuals and organizations that are ultimately responsible for or involved in the delivery of strategies that will fulfill the action plan objectives (SAMHSA, 2017a). Since the CBHII is working to build a more comprehensive framework for implementation, the current action plan strategies focus on two primary functions: gathering and mapping SDOH and community gaps and assets data to further demonstrate need and areas for strategic developing, and building community capacity through raising public awareness and strengthening partnerships with stakeholders. As these processes are outlined with supporting information, additional implementation strategies will begin to take shape. Reviewing processes quarterly and designing new data-driven implementation strategies will remain a part of the ongoing effort to more distinctly define the trajectory of the program plan. As new strategies are identified groups, the CBHII will assess their feasibility utilizing a matrix (Appendix B) through partnerships with stakeholders.

Action Plan:

Goal One: Assess community gaps and assets in relationship to risk and protective factors

Objective 1: By June 30, 2018, increase available data to further support project plan as measured by the SDOH and MAPSCorps deliverables.

Strategy 1: Conduct an exploratory analysis of spatial patterns related to the social determinants of health in Watauga County

Activity	Who is responsible?	By when?
Create static map further defining community gaps and assets	NCIPH	September 30, 2017
With new SDOH data, work with community partners to determine additional metrics and identify themes	CBHII Leadership Team	January 1, 2018
Share mapping data with policymakers and the public	CBHII Leadership Team	May 1, 2018

Strategy 2: Create a comprehensive map of community resources within Watauga County that complement the eight dimensions of wellness by engaging youth advocates to close the information gap and promote these resources to the whole community.

Activity	Who is responsible?	By when?
Conduct training for youth advocates	MAPSCorps	October 30, 2017
Collect place-based data for community resource mapping	MAPSCorps, Youth	October 30, 2017
Identify environmental conditions of interest from report	MAPSCorps	January 1, 2018
Compare community resource data with social determinants of health for future strategic planning	CBHII Leadership Team	February 15, 2018
Conduct focus groups among community members to gather qualitative data on barriers to accessing resources	CBHII Leadership Team, Youth	March 15, 2018

Report results from spatial health analysis to policymakers and the public	CBHII Leadership Team, Youth	April 30, 2018

Goal 2: Strengthen interdisciplinary partnerships that build shared solutions to identified community health needs.

Objective 1: By June 30, 2018, secure formal and written partnerships with individuals, agencies, community groups, and businesses by 25% by as measured by the total number of MOUs with CBHII.

Strategy 1: Develop formal partnership with identified community stakeholders

Activity	Who is responsible?	By when?
Form CBHII leadership team	WYN staff	September 1, 2018
Conduct one-on-one meetings with key community stakeholders	WYN staff	April 1, 2018
Form MOUs with partners in strategy development and data collection	CBHII leadership team	May 1, 2018

Goal 3: Utilize existing evidence-based, cross-cutting strategies to address identified community health needs.

Objective 1: By June 30, 2018, reduce barriers to food access and recreation in partnership with Watauga County Food Council by 5% as measured by community survey.

Strategy 1: Enhance built conditions to promote access to healthy and affordable foods

Activity	Who is responsible?	By when?
Utilize SDOH map to identify geographic barriers to food access	NCIPH	January 1, 2018
Conduct focus groups to understand other community conditions that	CBHII Leadership Team	October 15, 2017

contribute to food insecurity		
Partner with the Watauga Food Council to enhance and promote community gardens, while also addressing food insecurity	CBHII Leadership Team	March 1, 2018
Add community garden and healthy food assess resources to community map	Youth Advocates	February 1, 2018

Strategy 2: Partner with Watauga County Parks and Recreation Department to create an interactive map of outdoor recreation opportunities (ex. trails, greenways, parks) which would be searchable by zip code (and eventually searchable by length, difficulty level, and handicap accessibility)

Activity	Who is responsible?	By when?
Utilize mapping and spatial analysis data to coagulate community recreation gaps and assets	CBHII Leadership Team, youth	October 1, 2017
Conduct focus groups to understand other community conditions that contribute to recreation barriers	CBHII Leadership Team	March 15, 2018
Collaborate with doctors and health professionals to encourage "prescriptions" of nearby outdoor recreational opportunities as a supplement to prescription drugs	CBHII Leadership Team	April 1, 2018
Promote map to community health organizations, medical providers and the public	CBHII Leadership Team	May 1, 2018

Goal 4: Implement targeted outreach to improve conditions related to population behavioral health outcomes.

Objective 1: By June 30, 2018, increase awareness of resiliency strategies and related community assets by 15% as measured by the community opinion surveys.

Strategy 1: Promote knowledge of Adverse Childhood Experiences (ACEs), trauma-informed practices and SAMHSA's Eight Dimensions of Wellness within the community

Activity	Who is responsible?	By when?
Participate in market research, including community focus groups, to identify audience perceptions and opportunities to interface with the community with related information	CBHII Leadership Team	February 15, 2018
Participate in the newly formed Trauma-Informed Community steering committee/ support local efforts through leadership and policy development	CBHII Leadership Team	Ongoing
Promote/develop campaign materials related to ACEs, Eight Dimensions of Wellness and resiliency	CBHII Leadership Team, youth	Ongoing
Post information about ACEs and Eight Dimensions of Wellness on Facebook	CBHII Leadership Team, youth	Quarterly
Record Eight Dimensions of wellness PSA	youth	October 1, 2018

Evaluation

The final SPF phase will help measure the challenges and successes of the program plan. A systematic collection and analysis of both quantitative and qualitative information about

activities and their outcomes will be used to measure their validity and continued use (SAMHSA, 2017a). Process and outcome evaluation will measure how well the strategies were implemented and how successful the initial phases of the CBHII was achieving the expected outcomes. This information will be used to improve the effectiveness of the initiative and create opportunities for improvement. As a pilot program, the CBHII is just beginning to frame the hypotheses that underpin the action planning strategies. Additional data are needed to fully understand baseline information to further measure the intermediate and long-term changes to community behavioral health; however, initial evaluation processes have been created (Appendix C). Overall, the principal long-term goal is to reduce the county's poor behavioral health outcomes. This reduction may be measured through shifts in other primary risk factors and indicators of poor behavioral health. For example, the CBHII will continue to monitor rates of tobacco use, alcohol consumption, physical activity and diet, and disease screening for youth and adult populations. Additional evaluation metrics will be developed as the CBHII identifies target audiences through the assessment and capacity building phases. Opportunities to more accurately measure intermediate and long-term outcomes will be strategically developed as additional implementation strategies take shape.

Cultural Competency

A fundamental notion in program planning is cultural competence. Effective program planning is defined as the ability to effectively include and consider community members from varying cultures in the program planning and implementation process. With respect to Watauga County, culture will be defined beyond race and ethnicity and more likely to align with one's income level, education, geographical location, and profession. In order to accommodate the community opinion in the process of implementing the CBHII strategies, focus groups will be

conducted to better assess health beliefs and practices. This will enable the program to draw on community-based values and customs while helping identify needs, risk and protective factors, and community barriers to strategy adaptation (SAMHSA, 2017a).

Sustainability

To ensure that efforts to address community conditions contributing to behavioral health outcomes are sustained, the CBHII will strive to build stakeholder support. While to some degree measuring and sharing results should maximize the opportunity to leverage additional funding, the ultimate goal is for outcomes to sustain themselves; as these strategies become normalized within stakeholder groups, in the long-term community context and planning should theoretically underpin these efforts. In the short-term, consistent activities to raise awareness, build support, and share results will work to emphasize the importance of sustaining the process itself. In other words, as the initiative evolves, it should move through each phase, again and again, to fully account for changes in the community conditions and to maximize new opportunities to review, amend, and measure the effectiveness of identified strategies (SAMHSA, 2017a).

Conclusion

Despite an increased awareness of more widely available behavioral health treatment services, in addition to approaches to counseling, education, and clinical interventions, the impact on overall population health remains relatively small. More than ever, communities have a responsibility to invest in a comprehensive approach to identifying and evaluating community conditions that are linked to health outcomes. In order to expedite and sustain changes to community behavioral health, a measured understanding of Watauga County's unique

determinants of health, and collaborations across sectors to address inequities on a population level could lead to significant gains community health outcomes.

By focusing on areas that have been previously identified as community health priorities, the CBHII can leverage support across domains and encourage investment in both policy-related efforts as well as commitment to changes in the social and physical environment. Taken together, these principles will encourage community stakeholders to take an active role in advocating for improved community conditions and empower sectors to enhance their understanding the influence of ACEs, and the utility of initiatives such as SAMHSA's Eight Dimensions of Wellness.

With a vision that all Watauga County community members have the best opportunities for physical and emotional health across the life course, and that these opportunities are inclusive of attention to the social determinants of health, the CBHII will support a healthy, safe and equitable community. In doing so, the CBHII expects notable improvements in long-term behavioral health outcomes.

Appendix A

Priority Area Summary Worksheet

Organization Name: Western Youth Network /CBHII

Priority Area: Community Recreation

Topic/Issue: Increase Physical Activity - Access to physical activity or recreation, accessing healthy foods, and making healthy choices for eating healthy and making physical activity easier for all

Population: General

Data to Support a Focus:

Existing Data:

Twenty-six percent of respondents in the CNA community opinion survey highlighted improvements to physical activity options, including indoor and outdoor recreation opportunities, as a priority in navigating challenges related to physical activity and nutrition. The need for an indoor recreation facility in Watauga County was cited as the number one response in promoting physical activity (AppHealthCare, 2015)

Data to collect:

Barriers to accessing current recreation opportunities; Comprehensive community recreation opportunities; geographic barriers; correlation to SDOH

Stakeholders ENGAGED in Identifying the Priority Area

☐ Health Care Sector (i.e. hospital; pharmacy)
☐ Health Insurance Company
☐ Local Management Entity/Management Care Org.
☐ Law Enforcement
☐ Judicial System (e.g. JCPC member, chief court counselor, etc.)
☐ Local Government
☒ Local Health Department
☐ Substance Use Prevention Providers
☐ Other Prevention Providers (e.g. pregnancy, HIV, etc.)
☐ Substance Abuse Treatment Providers
☐ Local Schools (e.g. School counselor, school nurse, etc.)
☐ Faith-Based Organization
☐ Advocacy Organization
☐ Other Non-Profit Agency
☐ Local Media
☐ Dept. of Social Services
☒ Youth/Young Adult (from population being addressed for this disparity)
☐ Adult from population being addressed for this disparity
☐ Other
If other, please specify: _____

Stakeholders TO ENGAGE in planning/implementation

☒ Health Care Sector (i.e. hospital; pharmacy)
☐ Health Insurance Company
☐ Local Management Entity/Management Care Org.
☐ Law Enforcement
☐ Judicial System (e.g. JCPC member, chief court counselor, etc.)
☒ Local Government
☐ Local Health Department
☐ Substance Use Prevention Providers
☐ Other Prevention Providers (e.g. pregnancy, HIV, etc.)
☐ Substance Abuse Treatment Providers
☒ Local Schools (e.g. School counselor, school nurse, etc.)
☐ Faith-Based Organization
☐ Advocacy Organization
☒ Other Non-Profit Agency
☒ Local Media
☐ Dept. of Social Services
☐ Youth/Young Adult
☒ Adult
☐ Other
If other, please specify: _____

Priority Area Summary Worksheet

Organization Name: Western Youth Network/CBHII

Priority Area: Food Access/Insecurity

Topic/Issue: Access to physical activity or recreation, accessing healthy foods, and making healthy choices for eating healthy and making physical activity easier for all.

Population: General

Data to Support a Focus
Existing Data:

9,320 food insecure individuals in Watauga County; 72% of people surveyed reported that they had to choose between food or housing--17% said they had to make that choice every month; 78% reported that they had to choose between medical care or food; 67% had to choose between transportation or food.

Data to collect:

Food deserts; geographically located food access points; correlation to SDOH; barriers to accessing healthy foods

Stakeholders ENGAGED in Identifying the Priority Area (Check all that Apply *(Double click on the box to select Checkbox option under Default Value)*

- ☐ Health Care Sector (i.e. hospital; pharmacy)
- ☐ Health Insurance Company
- ☐ Local Management Entity/Management Care Org.
- ☐ Law Enforcement
- ☐ Judicial System (e.g. JCPC member, chief court counselor, etc.)
- ☐ Local Government
- ☒ Local Health Department
- ☒ Substance Use Prevention Providers
- ☐ Other Prevention Providers (e.g. pregnancy, HIV, etc.)
- ☐ Substance Abuse Treatment Providers
- ☐ Local Schools (e.g. School counselor, school nurse, etc.)
- ☐ Faith-Based Organization
- ☐ Advocacy Organization
- ☒ Other Non-Profit Agency
- ☐ Local Media
- ☐ Dept. of Social Services
- ☒ Youth/Young Adult
- ☐ Adult
- ☒ Other ***Watauga County Food Council***

6b. Stakeholders TO ENGAGE in planning/implementation

- ☒ Health Care Sector (i.e. hospital; pharmacy)
- ☐ Health Insurance Company
- ☐ Local Management Entity/Management Care Org.
- ☐ Law Enforcement
- ☐ Judicial System (e.g. JCPC member, chief court counselor, etc.)
- ☒ Local Government
- ☐ Local Health Department

☐ Substance Use Prevention Providers
☐ Other Prevention Providers (e.g. pregnancy, HIV, etc.)
☐ Substance Abuse Treatment Providers
☒ Local Schools (e.g. School counselor, school nurse, etc.)
☒ Faith-Based Organization
☐ Advocacy Organization
☒ Other Non-Profit Agency
☒ Local Media
☐ Dept. of Social Services
☐ Youth/Young Adult
☐ Adult
☐ Other

Priority Area Summary Worksheet

Organization Name: Western Youth Network/CBHII

Priority Area: Adverse Childhood Experiences supported by Eight Dimensions of Wellness

Topic/Issue: ACEs are, "stressful or traumatic events occurring connected to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with behavioral health (SAMHSA, 2017, par. 1).

Population: General

Data to Support a Focus

Existing Data:
Almost 40% of the original study sample reported two or more ACEs; 12.5% experienced four or more. Research demonstrated a strong connection between ACEs and known risk factors for health, social, and behavioral problems throughout the lifespan SAMHSA, 2017a).

Data to collect:
County specific data on prevalence of ACEs and related correlated risk factors for behavioral health issues.

6a. Stakeholders ENGAGED in Identifying the Priority Area (Check all that Apply *(Double click on the box to select Checkbox option under Default Value)*

- ☒ Health Care Sector (i.e. hospital; pharmacy)
- ☐ Health Insurance Company
- ☐ Local Management Entity/Management Care Org.
- ☐ Law Enforcement
- ☒ Judicial System (e.g. JCPC member, chief court counselor, etc.)
- ☒ Local Government
- ☒ Local Health Department
- ☒ Substance Use Prevention Providers
- ☒ Other Prevention Providers (e.g. pregnancy, HIV, etc.)
- ☒ Substance Abuse Treatment Providers
- ☒ Local Schools (e.g. School counselor, school nurse, etc.)
- ☒ Faith-Based Organization
- ☒ Advocacy Organization
- ☒ Other Non-Profit Agency
- ☒ Local Media
- ☒ Dept. of Social Services
- ☒ Youth/Young Adult
- ☒ Adults/Parents/Caregivers
- ☐ Other

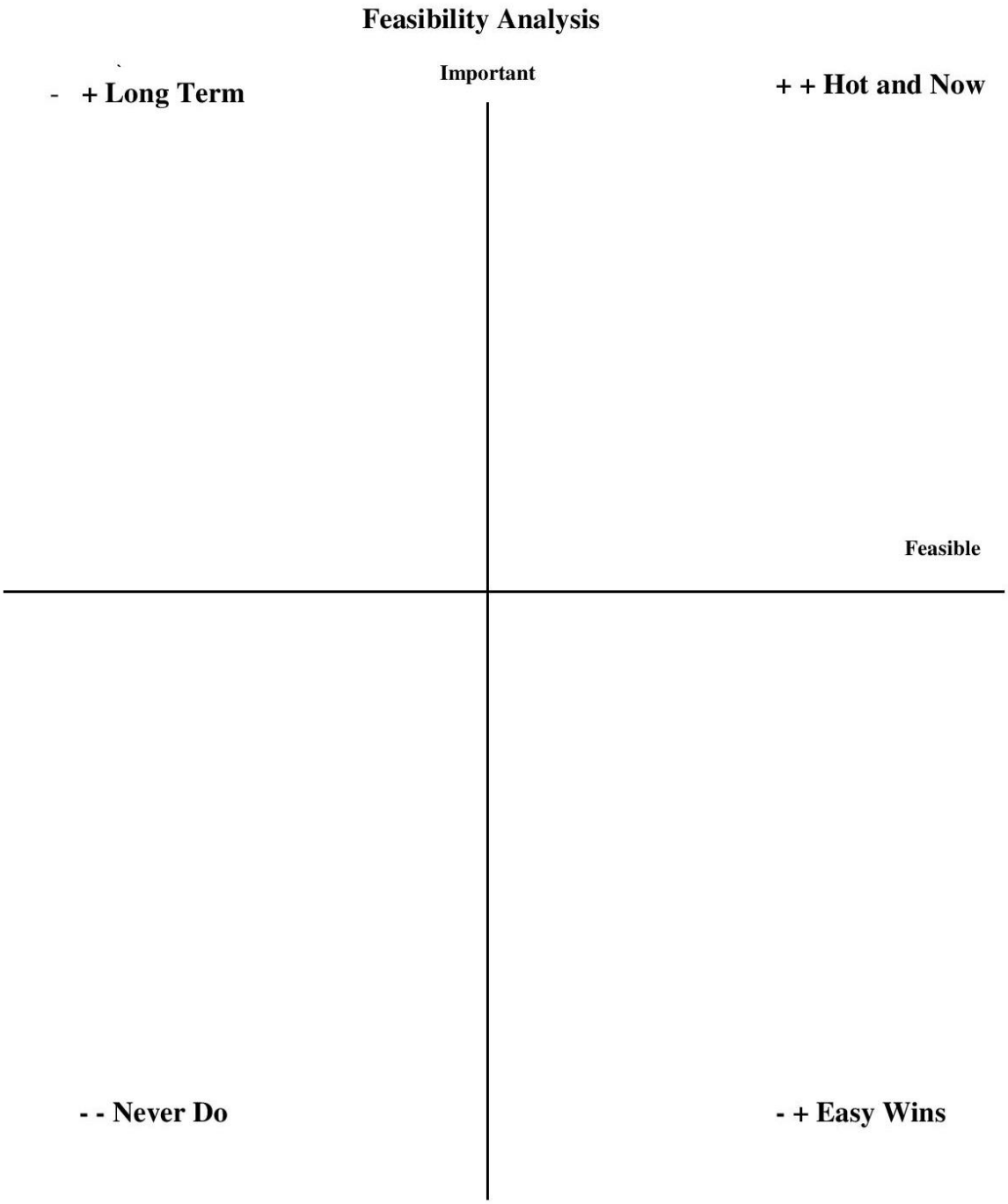
If other, please specify: _____

6b. Stakeholders TO ENGAGE in planning/implementation

- ☒ Health Care Sector (i.e. hospital; pharmacy)
- ☐ Health Insurance Company

☐ Local Management Entity/Management Care Org.
☐ Law Enforcement
☐ Judicial System (e.g. JCPC member, chief court counselor, etc.)
☒ Local Government
☐ Local Health Department
☐ Substance Use Prevention Providers
☐ Other Prevention Providers (e.g. pregnancy, HIV, etc.)
☐ Substance Abuse Treatment Providers
☒ Local Schools (e.g. School counselor, school nurse, etc.)
☒ Faith-Based Organization
☐ Advocacy Organization
☒ Other Non-Profit Agency
☒ Local Media
☐ Dept. of Social Services
☐ Youth/Young Adult
☐ Adult
☐ Other

Appendix B


Feasibility Analysis
Important
- + Long Term
+ + Hot and Now
Feasible
- - Never Do
- + Easy Wins

Appendix C

Process evaluation questions will include:

- What specific strategies were put into place by the project in order to address the community health priorities?
- What challenges were encountered during strategy implementation?
- Were there enough resources to execute the project? Was it well managed?
- Were staff and volunteers effectively trained in the necessary models?
- Were stakeholder groups invested in the program processes? Was there adequate support for the program?
- What additional stakeholders or partners need to be engaged?

Evaluation Question	Source	Responsible Party	Frequency	Action Plan Reference
Did spatial analysis provide correlative information regarding SDOH across indicators?	SDOH static map	NCPIH	Annually	Goal 1; Objective 1; Strategy 1
Did community resource map demonstrate gaps and assets related to SDOH?	MAPSCorps resource map	MAPSCorps	Annually	Goal 1; Objective 1; Strategy 2
Did the CBHII effectively engage stakeholders?	Stakeholder satisfaction; MOUs	CBHII Leadership team	Quarterly	Goal 2; Objective 1; Strategy 1
Did mapping provide opportunities to reduce barriers to recreation?	SDOH and resource map overlay	NCIPH, MAPSCorps	Annually	Goal 3; Objective 1; Strategy 1
Did mapping provide opportunities to reduce barriers to recreation?	SDOH and resource map overlay	NCIPH, MAPSCorps	Annually	Goal 3; Objective 1; Strategy 2
Did awareness of ACEs and Eight Dimensions of Wellness increase?	Focus groups, surveys	CBHII Leadership team	Quarterly	Goal 4; Objective 1; Strategy 2

Long-term outcomes will be measured by monitoring prevalence and trends of the following indicators in youth and adult populations:

- Tobacco use
- Alcohol and other drug use
- Physical activity and diet
- Mental and emotional health
- Disease screening

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